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CONFIRMATION NO. 9055

SERIAL NUMBER 10/825,786	FILING OR 371(c) DATE 04/16/2004 RULE	CLASS 606	GROUP ART UNIT 3734	ATTORNEY DOCKET NO.
<b>APPLICANTS</b> Russell A. Houser, Livermore, CA; Arthur A. Bertolero, Danville, CA; Lon Annest, Tacoma, WA; Bill Hare, Princeton, NJ; Tamer Ibrahim, Oakland, CA; <i>4D</i> Steve Geyster, Milton, MA; Wendel Smith, Tacoma, WA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/466,653 04/29/2003 and claims benefit of 60/485,568 07/07/2003 and claims benefit of 60/488,292 07/18/2003 and claims benefit of 60/499,946 09/02/2003 and claims benefit of 60/500,762 09/04/2003 and claims benefit of 60/512,293 10/17/2003 <i>4D</i> and claims benefit of 60/518,270 11/05/2003 and claims benefit of 60/534,514 01/06/2004 * and is a CIP of 10/785,486 02/24/2004 * which is a CON of 10/224,659 08/21/2002 PAT 7,025,776 * This application 10/825,786 is a CIP of 10/183,396 06/28/2002 PAT 6,726,696 which is a CIP of 10/127,714 04/23/2002 ABN which claims benefit of 60/286,269 04/24/2001 and claims benefit of 60/300,892 06/25/2001 and claims benefit of 60/302,255 06/28/2001 (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b> <i>4D</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 08/17/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Katherine Jones</i> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 18	TOTAL CLAIMS 23
			INDEPENDENT CLAIMS 7	
<b>ADDRESS</b> RUSSELL A. HOUSER 1787 VERDITE STREET LIVERMORE, CA94550				
<b>TITLE</b> Method and devices for treating ischemic congestive heart failure				

<b>FILING FEE RECEIVED</b> 649	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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